

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>8-31-98</u>		2 Serial/Patent # <u>09/126/94</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
✓	Filing	44	7-30-98	\$439. ⁰⁰							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
7 TOTAL AMOUNT OF REFUND			\$439. ⁰⁰								
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
✓	Overpayment	Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">3</td><td style="width: 20px; text-align: center;">--</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">5</td></tr></table>			1	3	--	0	0	2	5
1	3	--	0	0	2	5					
	No Fee Due (Explanation):										
Small entity statement filed in a timely manner.											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Melinda OLIVER</u>		TITLE: <u>L.L.</u>									
SIGNATURE: <u><i>Melinda Oliver</i></u>		PHONE: <u>763-308-8793</u>									
OFFICE: <u>09PB.</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u><i>Debra E. O'Leary</i></u>		DATE: <u>9-10-98</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B